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**Medtronic**

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## Facsimile Cover Sheet

**MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL**

**Attention:** Centralized Fax Number  
**Company:** United States Patent and Trademark Office  
**Telephone:** 703-305-5261  
**Facsimile:** 703-872-9306  
**Application No.:** 09/843,051  
**Filing Date:** April 26, 2001

**From:** Keith M. Campbell, Esq.  
**Telephone:** 763-505-0405  
**Facsimile:** 763-505-0411  
**Our Ref. No.:** P8436.03.US

**Date:** March 9, 2004

**Pages (including cover page):** 13

**Comments:**

Attached please find the following documents for filing with regard to the above-identified application:

1. 2 pg Transmittal
2. 1 pg Petition for an Extension of Time
3. 9 pg Response to Notice of Improper Request For Continued Examination (RCE)

If you have any questions, please contact me at the number listed above.

Keith M. Campbell, Esq.

### NOTICE

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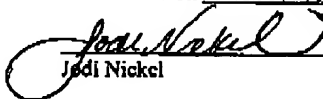
## PATENT

Docket No.: P-8436.03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Martin T. Gerber et al. Group Art Unit: 3762  
Application No.: 09/843,051 Examiner: George R. Evanisko  
Filing Date: April 26, 2001 Due Date:  
For: Single and Multi-Polar Implantable Lead for Sacral Nerve Electrical Stimulation

**CERTIFICATE OF MAILING OR TRANSMISSION** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on March 9, 2004.

  
Jodi Nickel

## TRANSMITTAL LETTER

**Centralized Facsimile Number 703-872-9306**

Mail Stop:

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

We are transmitting herewith the attached:

- ☒ Transmittal Letter (in duplicate)  
☒ Response Of Improper Request For Continued Examination (RCE)  
☒ Petition for Extension of Time  
☐  
☐  
☒ Return Receipt Postcard

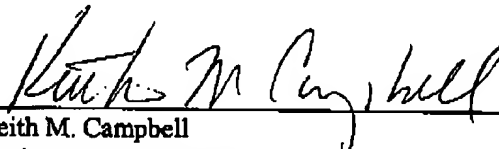
FEE CALCULATION	No. of Claims Filed	Highest No. of Claims Previously Paid for	No. of Extra Claims	Rate	Fee
Total Claims		- =		x \$18	\$
Independent Claims		- =		x \$86	\$
Multiple Dependent Claims				+ \$290	\$
TOTAL					\$

*Application No.: 09/843,051*

- ☒ Please charge Deposit Account No. 13-2546 \$ for additional claims fees and \$ for petition fees, for a total of \$
- ☒ Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this Transmittal Letter is enclosed.

Respectfully submitted,

Date: March 9, 2004

  
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